2000316609

| (F | Requestor's Name) | | | | | |
|---|-------------------------|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (0 | Dity/State/Zip/Phone #) | | | | | |
| PICK-UP | ☐ WAIT ☐ MAIL | | | | | |
| (É | Business Entity Name) | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Account#: 120000000088
If there are any issues
please contact Patrice at
850-202-9071

| Date: | 08/19/2024 | | | | | | |
|--|---|---|--|--|--|--|--|
| Name: | Patrice Rush | _ | | | | | |
| Reference # | ±2464103 | _ | | | | | |
| Entity Name | Entity Name: POWER DESIGN HOLDINGS, LLC | | | | | | |
| | | | | | | | |
| Articles of Incorporation/Authorization to Transact Business | | | | | | | |
| Amendment | | | | | | | |
| ✓ Change of Agent | | | | | | | |
| Reinstatement | | | | | | | |
| ☐ Conv | ☐ Conversion | | | | | | |
| ☐ Merger | | | | | | | |
| ☐ Dissolution/Withdrawal | | | | | | | |
| Fictitious Name | | | | | | | |
| ☐ Othe | г | | | | | | |
| | | | | | | | |
| Authorized / | Amount: \$25.00 | | | | | | |
| Signature: | (Pattle | | | | | | |

F: +852.2682.9790

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

| 1. | Na | ame of the limited liability company: | | POWER DESIGN HOLDINGS, LLC | | |
|------------------|-------------------------|--|--|--|--|--|
| 2. | (a) | no change | (b) | | no change | |
| | | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | | 7/40/2022 | _ | | 122000246600 | |
| 3. | | 7/18/2022 Date of filing/registration in Florida | — _{4.} - | | L22000316609 Document number | |
| | | | •• | | isocament manioer | |
| 5. | (a) | REDDEN, DAVID H Registered Agent and Registered Office shown on the records o | f the Florida | Dept. of Stat | - e; | |
| | | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | 120 | |
| | | 11600 NINTH ST N | | | A | |
| | | ST. PETERSBURG | i. 33 | 716 | 2024 AUG 20 | |
| | (b) | Cogency Global Inc. | | | 17 LED PM 12: 20 | |
| | , , | Enter name of NEW Registered Agent and/or NEW Registere | d Office add | ress: | , 12: 12: | |
| | | 115 North Calhoun Street, Suite | : 4 | | 20 RIDA | |
| | | NEW Registered Office Address: | | | | |
| | | Tallahassee , F | L32 | 301 | _ | |
| the ag wa | e cha ent w is/we | imited liability company is not organized under the lange or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the | of the regist liability cor of the limi | ered offic npany, it i ted liabilit | e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in | |
| | | /s/ David Redden | | | David Redden | |
| | Signat | ture of a member or authorized representative of a member | | | Printed or typed name of signee | |
| pre the to | ovisi e obli mere | by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complet igations of my position as registered agent as provid by reflect a change in the registered office address, I I in writing of this change. | gree to act e performa led for in C I hereby co | in this cap nce of my hapter 60: nfirm that | acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been | |

/s/ Michael Carlisle

Signature of Registered Agent Michael Carlisle, Assistant Secretary

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